



RFP-HIV-0038.2 Renewal Application for Federal HIV Prevention Projects

Issue Date: May 12, 2003

Applications Due: June 26, 2003

***Bureau of HIV and STD
Prevention***

www.tdh.state.tx.us/hivstd

1100 W. 49th Street

Austin, Texas 78756-3199

George McCleskey, B.B.A., J.D.
Chair, Texas Board of Health

Eduardo J. Sanchez, M.D., M.P.H.
Commissioner

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INFORMATION

I. INTRODUCTION

The Texas Department of Health (TDH) HIV/STD Health Resources Division announces the expected availability of fiscal year (FY) 2004 federal funding to provide HIV prevention programming to persons at greatest risk for acquiring or transmitting HIV infection as identified through the HIV prevention community planning process.

Current TDH contractors receiving funds under the original Request for Proposals (RFP) #0038 for HIV Prevention Projects released April 8, 2002, or RFP #0081 for HIV Prevention Projects released November 4, 2002 are requested to submit a renewal application for the 2nd budget period within the 4-year project period. Renewal contracts will begin on or about 01/01/04 and will be for a 12-month budget period.

The TDH reserves the right to negotiate any terms and conditions including budget amounts and allocations. **Any contract renewal is contingent upon the continued availability of funding to TDH.** TDH reserves the right, where allowed by legal authority, to redirect funds in the event of financial shortfalls. The TDH will monitor contractors' expenditures on a quarterly basis. If expenditures are below that projected in contractors' total contract amount as shown, contractors' budgets may be subject to a decrease for the remainder of the contract term. Vacant positions existing after ninety (90) days may result in a decrease in funds.

II. RENEWAL APPLICATION DEADLINE AND SUBMISSION

A. Deadline

The renewal application shall be received on or before the following date and time: **5:00 P.M. C.S.T. on 06/26/03.**

B. Assembly and Submission

1. Assembly

To facilitate review and processing, each renewal application should meet the following stylistic requirements:

- All pages clearly and consecutively numbered
- Original and 3 copies unbound
- Typed (computer or typewriter)
- Single-spaced
- 12-point font on 8 ½" x 11" paper with 1" margins
- Blank forms provided in **SECTION VI. BLANK FORMS AND INSTRUCTIONS** shall be used (electronic reproduction of the forms is acceptable)

- Signed in ink by an authorized official (copies need not bear an original signature).

Duplexed documents (printed on both sides) are preferred.

2. Submission

The originally signed renewal application and 3 copies shall be submitted to:

ASC ADCP – Contracting Section
Texas Department of Health
1100 West 49th Street, Room G-301
Austin, Texas 78756-3199
Attn: Sharon Golden
RFP-HIV-0038.2

An additional copy of the renewal application must be submitted to the appropriate Regional HIV/STD staff. Addresses for regional staff are located at the Bureau of HIV and STD Prevention website at <http://www.tdh.state.tx.us/hivstd/fieldops/page7.htm>.

The physical address for overnight and personal deliveries is:

ASC ADCP – Contracting Section
Texas Department of Health
1100 West 49th Street, Room G-301
Austin, Texas 78756-3199
Attn: Sharon Golden
RFP-HIV-0038.2

TDH will not accept renewal applications by facsimile or e-mail. Renewal applications may be mailed or hand-delivered to the TDH program addresses above on or before the deadline. If a renewal application is hand-delivered to the TDH program address above, applicants should request a receipt at the time of delivery to verify that the application was received by the appropriate program on or before the due date and time. If a renewal application is mailed, it is considered as meeting the deadline if it is received on or before the due date and time.

ORGANIZATION AND CONTENT

III. RENEWAL APPLICATION ORGANIZATION AND CONTENT

The renewal application should be organized in the following order:

A. Face Page - Renewal Application as authorized under the RFPs for HIV Prevention Projects, issued 04/08/02 and 11/04/02, Identifier #0038 and #0081

B. Renewal Application Checklist

C. Contact Person Information

IV. Administrative Information

E. Performance Measures

IV. Work Plan

G-1. Budget and Justification

G-2. Equipment List

G-3. Justification for Equipment Purchase

G-4. Justification for Equipment Over \$25,000

H. Nonprofit Board of Directors and Executive Director Assurances Form

IV. BLANK FORMS AND INSTRUCTIONS

Applicants are encouraged to use the electronic copies of the forms located within the body of the renewal application located on the Bureau of HIV and STD Prevention website at: <http://www.tdh.state.tx.us/hivstd/grants/>. If the forms are not readily available, use the blank forms provided with this document.

Instructions for Use of Electronic Forms: The computer can update electronic forms that require a check mark response automatically. To use the check box, place the pointer over the box and double click the left mouse button. In the check box form field options, change the default value from “not checked” to “checked” by clicking the appropriate circle. The form will be updated automatically.



Texas Department of Health

FORM A: FACE PAGE - RFP-HIV-0038.2 Renewal Application for Federal HIV Prevention Projects as authorized under RFP-HIV-0038 for HIV Prevention Projects, issued 04/08/02, Identifier # 0038 and RFP-HIV-0081, issued 11/04/02.

This form requests basic information about the applicant and project, including the signature of the authorized representative. The face page is the cover page of the renewal application and shall be completed in its entirety.

APPLICANT INFORMATION																
1) LEGAL NAME:																
2) MAILING Address Information (include mailing address, street, city, county, state and zip code): Check if address change <input type="checkbox"/>																
3) PAYEE Mailing Address (if different from above): Check if address change <input type="checkbox"/>																
4) Federal Tax ID No. (9 digit) or State of Texas Comptroller Vendor ID No. (14 digit):																
5) TYPE OF ENTITY (check all that apply): <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> City</td> <td><input type="checkbox"/> Nonprofit Organization*</td> <td><input type="checkbox"/> Individual</td> </tr> <tr> <td><input type="checkbox"/> County</td> <td><input type="checkbox"/> For Profit Organization*</td> <td><input type="checkbox"/> State Controlled Institution of Higher Learning</td> </tr> <tr> <td><input type="checkbox"/> Other Political Subdivision</td> <td><input type="checkbox"/> HUB Certified</td> <td><input type="checkbox"/> Hospital</td> </tr> <tr> <td><input type="checkbox"/> State Agency</td> <td><input type="checkbox"/> Community -Based Organization</td> <td><input type="checkbox"/> Private</td> </tr> <tr> <td><input type="checkbox"/> Indian Tribe</td> <td><input type="checkbox"/> Minority Organization</td> <td><input type="checkbox"/> Other (specify): _____</td> </tr> </table>		<input type="checkbox"/> City	<input type="checkbox"/> Nonprofit Organization*	<input type="checkbox"/> Individual	<input type="checkbox"/> County	<input type="checkbox"/> For Profit Organization*	<input type="checkbox"/> State Controlled Institution of Higher Learning	<input type="checkbox"/> Other Political Subdivision	<input type="checkbox"/> HUB Certified	<input type="checkbox"/> Hospital	<input type="checkbox"/> State Agency	<input type="checkbox"/> Community -Based Organization	<input type="checkbox"/> Private	<input type="checkbox"/> Indian Tribe	<input type="checkbox"/> Minority Organization	<input type="checkbox"/> Other (specify): _____
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<input type="checkbox"/> Indian Tribe	<input type="checkbox"/> Minority Organization	<input type="checkbox"/> Other (specify): _____														
<i>*If incorporated, provide 10-digit charter number assigned by Secretary of State:</i>																
6) Currently operating under a HUB Subcontracting plan on file at TDH? Yes <input type="checkbox"/> No <input type="checkbox"/>																
7) PROPOSED BUDGET PERIOD: Start Date: _____ End Date: _____																
8) COUNTIES SERVED BY PROJECT:																
9) AMOUNT OF FUNDING REQUESTED:	11) PROJECT CONTACT PERSON Name: _____ Phone: _____ Fax: _____ E-mail: _____															
10) PROJECTED EXPENDITURES Does applicant's projected state or federal expenditures exceed \$300,000 for applicant's current fiscal year (excluding amount requested in line 8 above)? ** Yes <input type="checkbox"/> No <input type="checkbox"/> <i>**Projected expenditures should include funding for all activities including "pass through" federal funds from all state agencies and non project-related TDH funds.</i>	12) FINANCIAL OFFICER Name: _____ Phone: _____ Fax: _____ E-mail: _____															
I, the undersigned, am the authorized representative of the applicant filing this contract renewal application. The facts contained herein are true, and the applicant is in compliance with the assurances and certifications contained in the competitive RFP identified above, which is part of the original contract and any prior renewals and amendments. I understand that this contract renewal depends on the truthfulness of this document and on the applicant's continued compliance with the original contract and all its components and amendments.																
13) AUTHORIZED REPRESENTATIVE Name: _____ Phone: _____ Fax: _____ E-mail: _____	14) SIGNATURE OF AUTHORIZED REPRESENTATIVE <hr style="border: 0; border-top: 1px solid black; margin: 10px 0;"/> 15) DATE															

FORM A: FACE PAGE Instructions

This form provides basic information about the applicant and the proposed project with the Texas Department of Health (TDH), including the signature of the authorized representative. It is the cover page of the renewal application and required to be completed. Signature affirms that the facts contained in the applicant's response are truthful and that the applicant is in compliance with the assurances and certifications contained in the identified Competitive Request for Proposal and the original TDH contract, any renewal(s) or amendment(s). Applicant acknowledges that continued compliance is a condition for the renewal of a contract. Please follow the instructions below to complete the face page form and return with the applicant's response.

- 1) **LEGAL NAME** - Enter the legal name of the applicant.
- 2) **MAILING ADDRESS INFORMATION** - Enter the applicant's complete street and mailing address, city, county, state, and zip code.
- 3) **PAYEE MAILING ADDRESS** - Enter the PAYEE's name and mailing address if PAYEE is different from the applicant. The PAYEE is the corporation, entity or vendor who will be receiving payments.
- 4) **FEDERAL TAX ID/STATE OF TEXAS COMPTROLLER VENDOR ID** - Enter the Federal Tax Identification Number (9-digit) or the Vendor Identification Number assigned by the Texas State Comptroller (14-digit).
- 5) **TYPE OF ENTITY** - The type of entity is defined by the Secretary of State and/or the Texas State Comptroller. Check all appropriate boxes that apply.

HUB is defined as a corporation, sole proprietorship, or joint venture formed for the purpose of making a profit in which at least 51% of all classes of the shares of stock or other equitable securities are owned by one or more persons who have been historically underutilized (economically disadvantaged) because of their identification as members of certain groups: Black American, Hispanic American, Asian Pacific American, Native American, and Women. The HUB must be certified by the General Services Commission or another entity.

MINORITY ORGANIZATION is defined as an organization in which the Board of Directors is made up of 50% racial or ethnic minority members.

If a Non-Profit Corporation or For-Profit Corporation, provide the 10-digit charter number assigned by the Secretary of State.

- 6) **CURRENTLY OPERATING UNDER A HUB SUBCONTRACTING PLAN ON FILE AT TDH? YES OR NO** - Check the appropriate box to indicate whether or not the applicant is operating under a HUB Subcontracting Plan filed with TDH under the original competitive RFP. If yes, the applicant must continue to comply with reporting requirements if a renewal contract is executed. Any changes to the budget which affect the HUB Subcontracting Plan must be communicated with the TDH HUB Coordinator at 1-800-243-7487 or by e-mail at al.beavers@tdh.state.tx.us. If no is checked, no further action is required.
- 7) **PROPOSED BUDGET PERIOD** - Enter budget period as identified in this renewal application.
- 8) **COUNTIES SERVED BY PROJECT** - Enter the proposed counties served by the project.
- 9) **AMOUNT OF FUNDING REQUESTED** - Enter the amount of funding requested from TDH for proposed project activities. This amount must match column (1) row K from FORM I: BUDGET SUMMARY.
- 10) **PROJECTED EXPENDITURES** - If applicant's projected state or federal expenditures exceed \$300,000 for applicant's current fiscal year, applicant shall arrange for a financial and compliance audit (Single Audit).
- 11) **PROJECT CONTACT PERSON** - Enter the name, phone, fax, and e-mail address of the person responsible for the proposed project.

FORM A: FACE PAGE Instructions continued

- 12) **FINANCIAL OFFICER** - Enter the name, phone, fax, and e-mail address of the person responsible for the financial aspects of the proposed project.
- 13) **AUTHORIZED REPRESENTATIVE** - Enter the name, phone, fax, and e-mail address of the person authorized to represent the applicant.
- 14) **SIGNATURE OF AUTHORIZED REPRESENTATIVE** - The person authorized to represent the applicant signs in this blank.
- 15) **DATE** - Enter the date the person authorized to represent the applicant signed this form.

FORM B: RENEWAL APPLICATION CHECKLIST

Legal Name of Applicant: _____

This form is provided to ensure that the renewal application is complete and properly signed.

FORM	DESCRIPTION	Included	Not Applicable
A	Face Page – Renewal Application completed, and proper signatures and date included	<input type="checkbox"/>	
B	Renewal Application Checklist completed and included	<input type="checkbox"/>	
C	Contact Person Information completed and included	<input type="checkbox"/>	
D	Administrative Information for Renewal Application completed and included (with supplemental documentation attached if required)	<input type="checkbox"/>	
E	Performance Measures included	<input type="checkbox"/>	
F-1	Work Plan included	<input type="checkbox"/>	
F-2	Updated Logic Model Completed and Included	<input type="checkbox"/>	
G-1	Categorical Budget Justification	<input type="checkbox"/>	
G-2	Equipment list	<input type="checkbox"/>	<input type="checkbox"/>
G-3	Justification for Equipment Purchases	<input type="checkbox"/>	<input type="checkbox"/>
G-4	Justification for Equipment Purchase Over \$25,000	<input type="checkbox"/>	<input type="checkbox"/>
H	Nonprofit Board of Directors and Executive Director Assurances form signed and included If the signed original of this form has been provided to the Texas Department of Health during the calendar year and the officers signing the document have not changed, a copy of the signed form will be accepted.	<input type="checkbox"/>	<input type="checkbox"/>

FORM C: PROGRAM CONTACT INFORMATION

Legal Name of Applicant: _____

This form provides information about the appropriate program contacts in the applicant's organization in addition to those on FORM A: FACE PAGE. If any of the following information changes during the term of the contract, please notify the HIV/STD Health Resources Division.

HIV Prevention Contact: _____ Title: _____ Phone: _____ Fax: _____ E-mail: _____	Mailing Address (incl. street, city, county, state, & zip): _____ _____ _____ _____
HIV Prevention Contact: _____ Title: _____ Phone: _____ Fax: _____ E-mail: _____	Mailing Address (incl. street, city, county, state, & zip): _____ _____ _____ _____
HIV Prevention Contact: _____ Title: _____ Phone: _____ Fax: _____ E-mail: _____	Mailing Address (incl. street, city, county, state, & zip): _____ _____ _____ _____
HIV Prevention Contact: _____ Title: _____ Phone: _____ Fax: _____ E-mail: _____	Mailing Address (incl. street, city, county, state, & zip): _____ _____ _____ _____
HIV Prevention Contact: _____ Title: _____ Phone: _____ Fax: _____ E-mail: _____	Mailing Address (incl. street, city, county, state, & zip): _____ _____ _____ _____

FORM D: ADMINISTRATIVE INFORMATION - Renewal Application

*This form provides information regarding identification and contract history on the applicant, executive management, project management, governing board members, and/or principal officers. Respond to each request for information **or provide the required supplemental document behind this form.** If responses require multiple pages, identify the supporting pages/documentation with the applicable request.*

Legal Name of Applicant: _____

Identifying Information

If there are no changes to any of the items below, check here and skip the next question in this section. ☐

1. The applicant shall attach the following information:

If a Governmental Entity

- Names (last, first, middle) and addresses for the officials who are authorized to enter into a contract on behalf of the applicant.

If a Nonprofit or For profit Corporation

- Full names (last, first, middle), addresses, telephone numbers, titles and occupation of members of the Board of Directors or any other principal officers. Indicate what offices are held by members (e.g. chairperson, president, vice-president, treasurer, etc.).
- Full names (last, first, middle), and addresses for each partner, officer, and director as well as the full names and addresses for each person who owns five percent (5%) or more of the stock if applicant is a for profit corporation.

Conflict of Interest and Contract History

If there are no changes to any of the items below, check here and skip the questions in this section. ☐

The applicant shall disclose any existing or potential conflict of interest relative to the performance of the requirements of this renewal application. Examples of potential conflicts may include an existing business or personal relationship between the applicant, its principal, or any affiliate or subcontractor, with TDH, the participating agencies, or any other entity or person involved in any way in any project that is the subject of this renewal application. Similarly, any personal or business relationship between the applicant, the principals, or any affiliate or subcontractor, with any employee of TDH, a participating agency, or their respective suppliers, must be disclosed. Any such relationship that might be perceived or represented as a conflict shall be disclosed. Failure to disclose any such relationship may be cause for contract termination. If, following a review of this information, it is determined by TDH that a conflict of interest exists, the applicant may be disqualified from further consideration for the renewal of a contract.

1. Does anyone in the applicant organization have an existing or potential conflict of interest relative to the performance of the requirements of this renewal application?

☐ YES ☐ NO

If YES, detail any such relationship(s) that might be perceived or represented as a conflict. (Attach no more than one additional page.)

2. Has any member of applicant's executive management, project management, governing board or principal officers been employed by the State of Texas 24 months prior to the renewal application due date?

☐ YES ☐ NO

If YES, indicate his/her name, social security number, job title, agency employed by, separation date, and reason for separation.

FORM D: ADMINISTRATIVE INFORMATION – continued

3. Is applicant or any member of applicant's executive management, project management, board members or principal officers:

- delinquent on any state, federal or other debt;
- affiliated with an organization which is delinquent on any state, federal or other debt; or
- in default on an agreed repayment schedule with any funding organization?

☐ **YES** ☐ **NO**

If YES, please explain. (Attach no more than one additional page.)

FORM E: PERFORMANCE MEASURES

*In the event a contract is renewed, applicant agrees that performance measures(s) will be used to assess, in part, the applicant's effectiveness in providing the services described. **All applicants must submit process and outcome objectives for all activities related to the proposed project.** Applicants must submit Form E for both the PCPE-PCM Continuum and EBIs. Agencies submitting renewal applications for PCPE-PCM must submit one complete set of objectives. Agencies submitting renewal applications for EBIs must submit a separate FORM E for each intervention for which the agency was initially funded. Attach additional pages as necessary.*

*All objectives must be **Specific, Measurable, Achievable, Realistic, and Time-phased.***

All programs funded to perform PCPE must include the following objectives:

- 1. 75% of clients tested for HIV will receive results counseling.*
- 2. 95% of clients tested HIV positive will receive results counseling.*
- 3. 95% of clients who are HIV positive and received results counseling will be SUCCESSFULLY linked to HIV early intervention services.*
- 4. Programs will elicit at least one sex or needle-sharing partner for health department notification from 80% of HIV positive clients who receive results counseling.*

FORM F: REQUIRED INFORMATION FOR WORKPLANS

Listed below is the minimally required information for inclusion in workplans. The form may be recreated, but all of the information must be included in the order listed below.

I. AGENCY AND INTERVENTION INFORMATION

- a. Agency Name
- b. Name of intervention
- c. A very brief abstract/summary of the intervention which must include at a minimum:

Intervention Type: (Individual-level, Group-level, Community-level)

Number of sessions:

Core elements of the intervention:

Goals of the intervention:

Groups targeted with the intervention:

Overall Service Delivery Area: (The HMAZ where the intervention will be provided; if you will serve any counties in addition to a HMAZ, please list these also. If there are any counties in a HMAZ that you won't serve, please list.)

II. PRE-IMPLEMENTATION ACTIVITIES

Include a description of any activities you need to complete before you can implement your intervention. This may include conducting of a rapid assessment of a population to determine if the intervention will require adaptation, pilot testing/pre-testing activities with the target population to obtain feedback on the adaptation and training of staff.

III. SERVICES DELIVERY

- a. Any adaptations that will be made to the way the intervention is implemented or the curriculum used in the interventions (changes in number of sessions, additions to the curriculum, tailoring to another target population, etc.)
- b. How clients will be recruited and where they will be recruited from
- c. How client participation will be maintained (if multi-session intervention)
- d. How often the intervention will be offered, or how often parts of the intervention will be offered? If it is a single session intervention, when will it be available? If it is a multiple session intervention or ongoing intervention, how often will it "start over."
- e. Where will the intervention be offered?
- f. Describe any collaborating agencies and their roles.
- g. Types of referrals and how referrals will be tracked and documented
- h. How the intervention will be staffed:
 - Paid FTEs and volunteers
 - How staff will be trained for the intervention
 - How supervisors will be trained for the intervention
- i. Resources needed for the intervention

IV. PROCESS AND OUTCOME OBJECTIVES

Included in FORM E. No need to repeat here.

V. CULTURAL COMPETENCE

Describe the agency's plan for assuring that services are culturally and linguistically appropriate.

VI. IMPLEMENTATION TIMELINE

Include a month-by-month timeline that identifies the major activities required to implement the intervention in a logical sequence including target dates. At minimum the timeline must include:

- a. Recruitment of volunteers
- b. Training of participants
- c. Locations of where activities will occur
- d. Pre-implementation activities
- e. Services delivery dates including start date of pilot, start dates of full implementation
- f. Evaluation activities
- g. Quality assurance activities

VII. LOGIC MODEL

Include an updated logic model only if it has changed since the previous submission.

Updated logic models must include the following elements:

Issues/Problems/Barriers to Prevention: Interventions are only effective if they meet the real HIV prevention needs of a population. The CPG in each community planning area conducted a needs assessment and a summary of the issues, problems and barriers to prevention for different targeted populations. This is included in all AAPs. Each agency may also have its own assessment information about the needs and problems faced by the proposed target populations. Start the logic model by stating the issues/problems/barriers to prevention that the intervention will focus on. These issues must include the factors that put this population at risk, such as attitudes, beliefs, lack of prevention skills, relationship/interpersonal issues, social support, and access. The issues may be listed, or you can write a statement of the problem. Do not list issues/problems/barriers that the proposed intervention will not address.

Intervention Activities: This lays out how the intervention will address the issues of the population. Give enough detail so that the reader understands what will happen to the client (such as a two-session group intervention) and what kinds of activities and content focus the intervention has (discussion of role model stories that deal with beliefs about who is at risk and social stigma of condom use). If the intervention has many components, as most community –level interventions do, list all components within this model (such as small media campaign, the activities within the group intervention, and distribution of condoms). If elements are added to an established intervention to better suit a targeted population, please let the reader know which elements are being added or adapted. Regardless of the format utilized, the intervention activities must be linked to the issues they are meant to address. If there is an issue without an activity, reconsider including it in the model. If there is an activity without an issue, reconsider why you are proposing the activity. Remember that the objectives must also fit in logically with these activities, although the objectives are not shown on this model.

Immediate Outcomes: These are the immediate results of the intervention, such as changes in knowledge, attitudes, beliefs and skills. Intent to change behavior can also be an immediate outcome. Immediate outcomes are the things the program will be accountable for as outcomes of an intervention. If they are not logically related to the activities and issues, think twice about putting them in the logic model. Make the links between the outcomes and the rest of the model very clear.

Behavior Changes: These are the changes in the risk behavior that are logical extensions of the immediate outcomes of the intervention.

FORM G-1: CATEGORICAL BUDGET JUSTIFICATION

*An accurate budget plan is essential to achieve the performance measures and work plan set out in the narrative portion of the renewal application. All applicants must provide 12-month budgets reflecting **level funding** that follows the categorical budget justification sample provided in **Appendix A**. List all categories as in the sample format. If you are not requesting funds for a particular category, list the category and place a zero next to it. All applicants requesting renewal funding must submit a separate budget for each intervention. Budgets must be reasonable and must comply with policies and procedures. In preparing budgets, please refer to the minimum computer equipment specifications and minimum system specifications located in **Appendix A**. Note: A chart reflecting level funding amounts is included in Appendix A. (**CONTRACT RENEWAL IS CONTINGENT UPON THE CONTINUED AVAILABILITY OF FUNDS TO TDH**).*

AGENCY:

FORM G-2: ITEMIZED EQUIPMENT LIST

Itemize each item below. Attach equipment justification forms for each item along with complete specifications or a copy of the purchase order. TDH defines equipment as tangible non-expendable property with an acquisition cost of more than \$1,000 and a useful life of more than one year, with the following exceptions: fax machines, stereo systems, cameras, video recorder/players, microcomputers, medical equipment, laboratory equipment, and printers. If the unit cost of these exception items is more than \$500, they are considered equipment. Medical and laboratory equipment in this category are defined as microscopes, oscilloscopes, centrifuges, balances, and incubators. Medical and laboratory equipment other than the five specified items are not considered equipment unless the unit value is more than \$1,000.

ITEM (≥ \$1000 or Exceptions)	UNIT COST	TOTAL PER ITEM (unit cost X no. of units)	PURPOSE
TOTAL REQUEST			

FORM G-3 JUSTIFICATION FOR REQUEST FOR EQUIPMENT PURCHASES

Instructions: Use one Justification form for each item listed on the Equipment List. For equipment over \$25,000, complete this form and the Justification for Equipment over \$25,000. Attach copies of specifications and/or other pertinent documentation. For computer equipment, complete specifications must be attached.

Contractor Name: _____

Scope of Work: _____

Contract Number: _____ **Contract Term:** _____

Description of Equipment Requested (attach additional sheets if necessary and copies of specifications and/or other pertinent documentation):

ALL APPLICANTS MUST COMPLETE THIS SECTION:

- | |
|--|
| <div>1. Does the cost include shipping and handling?</div> <div>2. Does the cost include a warranty?</div> <div>3. Does the cost include a maintenance agreement? Describe any special maintenance needs, service contracts, insurance, repair costs, etc. related to the proposed equipment. How will these expenses be supported over time?</div> <div>4. Does the cost include training in the use of the equipment?</div> <div>5. Why is the equipment needed? What is the purpose of the equipment?</div> |
|--|

6. Estimate the expected results of the equipment purchase. Who will benefit and how?
7. How many clients will be served with the equipment?
8. What administrative or other activities will be accomplished as a result of the equipment purchase?
9. Where will it be located?
10. Who will use the equipment? Are the necessary staff in place to support the proper use of the equipment (e.g., if a van is requested, is there funding already in place to pay for a driver)?
11. Will the equipment replace any existing equipment? If so, please justify the replacement of existing equipment.
12. Will the equipment be purchased and owned by the administrative agency or by one of its current subcontractors?
13. Why is this equipment more appropriate than other alternatives considered or a less expensive piece of equipment? If the equipment has special or optional features, explain why they are necessary.
14. If the equipment is a lease-to-purchase agreement, is a copy of the agreement attached?
15. If the equipment is being leased with no option to buy, explain the benefit(s).
16. If lease-purchase costs are spread across several funding sources, other than TDH, who are the other funding sources and what is their percent of funding?

HIV SERVICES PROVIDERS ONLY:

17. If equipment is for an Administrative Agency or its subcontractor, does it match the service priorities established by the local consortia? Will the equipment be used to directly provide a prioritized client service? If not, how will the equipment either indirectly support client services and/or support necessary administrative functions?
18. If requesting computer equipment, does the program use the COMPIS program?
19. If yes, what is the memory capacity of the computer equipment currently used for COMPIS activity?
20. Does the computer requested have a larger memory capacity than the current COMPIS equipment?
21. What enhancements will the new computer(s) provide?

FORM G-4: JUSTIFICATION FOR EQUIPMENT OVER \$25,000

Name of Requesting Administrative Agency: _____

Due to HRSA restrictions on expenditures over \$25,000, TDH must obtain prior approval from HRSA before allowing the purchase of such equipment. In order to obtain approval, applicants must submit the following information for all requests:

- 1) Cost comparison that outlines purchase versus lease.
- 2) Cost-sharing principles to ensure that Ryan White Title II is not sole source of funding.
- 3) Possible linkages with community organizations. How will the equipment be used to collaborate with other agencies?
- 4) The source of funds to be used for purchase.

ALSO, IF REQUESTING A VEHICLE (ANY PRICE) - COMPLETE THIS SECTION

- 5) If purchasing a vehicle, the purpose of vehicle as it relates to enabling an individual to gain or maintain access to health-related services.
- 6) Justification for the purchase must be quantified in terms of number of clients and units of service to be provided.
- 7) Description of how the vehicle purchase addresses identified needs in the service area.
- 8) Process in place to assure that vehicle is used only for Ryan White-funded activities;
- 9) Primary purchaser of the vehicle.
- 10) Who will be responsible for insurance and liability?
- 11) Plan for vehicle once it has exceeded its useful life.
- 12) The below signature of the Consortium Chairperson assures that the use of funds to purchase a vehicle is consistent with the priorities of the Consortium.

Printed name of Consortium Chairperson _____

Signature of Consortium Chairperson _____

Date _____

FORM H: NONPROFIT BOARD OF DIRECTORS AND EXECUTIVE DIRECTOR ASSURANCES FORM

If the applicant is a nonprofit organization, this form must be completed (state or other governmental agencies are not required to complete this form). The purpose of the form is to inform nonprofit board members and officers of the responsibilities and administrative oversight requirements of nonprofit applicants intending to or contracting with TDH.

(Name & Address Of Organization)

The persons signing on behalf of the above named organization certify that they are duly authorized to sign this Assurances form on behalf of the organization. The undersigned acknowledge and affirm:

- A. That an annual budget has been approved for each contract with TDH.
- B. The Board of Directors convenes on a regularly scheduled basis (no less than quarterly) to discuss the operations of the organization.
- C. Actual revenue and expenses are compared with the approved budget, variances are noted, and corrective action taken as needed (with Board approval).
- D. Timely and accurate financial statements are presented by the designated financial officer on a regular basis to the board.
- E. That the Board of Directors will ensure that any required financial reports and forms, whether federal or state, are filed on a current and timely basis.
- F. Adequate internal controls are in place to ensure fiscal integrity and accountability and to safeguard assets.
- G. The Treasurer of the Board has been fully informed of his or her responsibilities as Treasurer.
- H. The Board has Audit and/or Finance Committees that convene regularly and communicate effectively with the Board Treasurer and other Board members in understanding and responding to financial developments.
- I. The organization observes Generally Accepted Accounting Principles when preparing financial statements and fund accounting practices are observed to ensure integrity among specific contracts or grants.
- J. If a contract is executed with the Texas Department of Health, this form will be discussed in detail at the next official Board meeting and that notes of the discussion and a signed copy of this form will be included in the minutes of the meeting. A copy of the minutes will be forwarded to the Texas Department of Health's Grants Management Division, no later than 45 days after the meeting in which the form was discussed.
- K. If a contract is executed with the Texas Department of Health and the nonprofit organization has not received any funding from TDH for the past 24 months, the Legal and Fiscal Responsibilities for Nonprofit Board of Directors Video and Guide will be viewed and a signed "tear-out" sheet will be completed and filed by each board member with the nonprofit organization no later than 45 days after contract execution. Newly appointed/elected board members will comply with these requirements no more than 45 days after taking office. All tear-out sheets will be available for inspection by TDH staff.

*Chairman of the Board Signature/Date

*President or Executive Director Signature/Date

*If the signed original of this form has been provided to the Texas Department of Health during the calendar year and the officers signing the document have not changed, a copy of the signed form will be accepted.

APPENDIX A

OTHER PROGRAM INFORMATION

1. Instructions and Examples for a Categorical Budget Justification
2. Minimum Computer Equipment Specifications
3. Minimum Computer System Requirements
4. Funding Level Chart

**INSTRUCTIONS AND EXAMPLES
FOR A CATEGORICAL BUDGET JUSTIFICATION**

TOTAL

A. PERSONNEL

101,604

[List each position. give a brief job description of 50 words or less. For each position listed, multiply the monthly salary or wages by the percentage of personnel time by the number of months which the salary is to be paid from this budget.]

Example:

Executive Director (Gonzales)

1,920

\$3,200/monthly X 5% X 12 = \$1920

Oversees all program activities. Ensures compliance with contract requirements. Provides program/financial information to the Board of Directors. Acts as agency personnel director and public spokesperson. supervises Program Manager.

Bookkeeper (Jones)

1,800

\$1,500/monthly X 10% X 12 = \$1800

Performs full charge bookkeeping duties. Inputs transaction data and produces general ledger, income/expense statements and balance sheets. Maintains and produces payroll. Checks invoices for accuracy and prepares them to be approved for payment. Prepares accounts payable.

Program Manager (Watson)

12,384

\$2,580/monthly X 40% X 12 = \$12,384

Supervises Prevention Counselor and Outreach Educator. Provides needed staff training. Coordinates prevention programming. Designs and maintains data collection system. Prepares all required program reports. Evaluates staff performance and conducts quality assurance.

HIV Prevention Counselor (McDade)

28,500

\$2,375/monthly X 100% X 12 = \$28,500

Conducts HIV prevention counseling and testing through street outreach targeting IDUs, sex partners of IDUs and females who sell sex for drugs or money. collect and maintain accurate program data. Make appropriate referrals for services. Distribute condoms. Performs partner elicitation activities with HIV-positive clients.

HIV Prevention Counselor/Outreach Educator (Vacant)

28,500

\$2,375/monthly X 100% X 12 = \$28,500

Conducts street outreach with UHS high-risk adolescents. Does one-on-one and

TOTAL

small group education and risk reduction skills training at appropriate sites (hang-out street corners, juvenile detention centers, youth shelters). Provide prevention counseling and testing at these same locations. Conduct partner elicitation. Collect and maintain accurate program data. Make appropriate referrals for services. Distribute condoms.

Outreach Educator (New position) (attach Job description) 28,500
 $\$2,375/\text{monthly} \times 100\% \times 12 = \$28,500$

Conduct street outreach and small group activities with MSMs of Color. Conduct one-on-one risk reduction and education at bars, public sex environments, and other places the population congregates. Provide risk-reduction and self-esteem building small groups. Distribute condoms and make referrals. Design literature which is language and culturally appropriate. Collect and maintain accurate program data.

B. FRINGE BENEFITS**(Total)**

[Itemize the cost of fringe benefits paid for employees, including employer contributions for Social Security, retirement, insurance and unemployment compensation. Fringe benefits requested must represent the actual benefits paid for employees.]

Example:

FICA: $0.765 \times \$101,604 =$	7,773
Insurance: $\$2,160 \times 3.55 \text{ FTEs} =$	7,668
Worker's Comp: rate x salaries = \$	\$
Unemployment: rate x salaries = \$	\$

C. STAFF TRAVEL**(Total)**

[Budget the projected costs of transportation, lodging, meals, and related expenses for official staff business travel conducted in carrying out the contract. Out of state travel is only allowed with pre-approval from the TDH. Costs for travel to the bi-annual Texas HIV/STD Conference Austin and to staff training and development meetings should be included, if applicable. NOTE: Grantees who do not have written travel reimbursement policies must use TDH travel reimbursement rates as follows: \$.345/mile, \$30/day meals, \$80/day lodging.]

Example:

Mileage for Prevention Counselors in service area: $\$0.345/\text{mile} \times 300 \text{ miles}/\text{mo.} \times 12 \text{ months} = \$1,242$	1,242
Mileage for Outreach Educators in service area: $\$.345 \text{ mile} \times 300 \text{ miles}/\text{mo.} \times 12 \text{ months} = \$1,242$	1,242
Expenses for 3 staff members to attend Texas HIV/STD Conferences: Airfare @ $\$175 \times 3 \text{ staff} = \525 Lodging @ $\$80 \times 4 \text{ days} \times 3 \text{ staff} = \960 Meals @ $\$30 \times 4 \text{ days} \times 3 \text{ staff} = \360	1,845

D. EQUIPMENT**(Total)**

[Equipment is defined as tangible non-expendable property with an acquisition cost of over \$1000, including freight, and a useful life of more than one year, with the following exceptions: costs for FAX machines, stereo systems, cameras, video recorder/players, microcomputers, and printers with a unit cost of \$500 or more. Prior written approval from the TDH is required before grantee may acquire equipment. List each item, describe and explain use. Attach the Justification for Request for Equipment Purchase form for each piece of equipment requested.]

E. SUPPLIES**5,575**

[This category is for the costs of materials and supplies necessary to carry out the project. It includes general office supplies, janitorial supplies, and any equipment with a purchase price, including freight, of less than \$1000 or less per item.]

Example:

General office supplies - \$100 mo x 12 mo 1,200

Education Supplies - \$2,800 2,800

Includes: supplies for safer sex kits (lubricants, oral sex condoms, female condoms, etc.)

Phlebotomy supplies - \$1,000 1,000

F. CONTRACTUAL**(Total)**

Whenever the applicant intends to delegate part of the activities identified in the scope of work to a third party, the cost of providing these activities is recorded in this category. If an applicant plans to enter into a contract in which a subrecipient will receive a substantial portion of the scope of the project, i.e. \$25,000 or 25% of the applicant's funding request whichever is greater, the applicant shall submit justification to TDH and receive prior written approval from TDH before entering into the contract. A detailed eight-category budget justification or fee-for-service budget must be submitted for each proposed subcontract.

G. OTHER**(Total)**

[All other allowable direct costs not listed in any of the above categories are to be included in this category. Some of the major costs that should be budgeted in this category are:

1. Space and equipment rental
2. Staff Development and training
3. Utilities and telephone expenses
4. Printing and reproduction expenses
5. Lease (not purchase) of photocopier or other equipment
6. Postage and shipping
7. Temporary staff obtained through an employment agency
8. Contract CPA or bookkeeping services, or other contracts not

- related to direct client services
9. Cost of external audit
 10. Insurance and bonds
 11. Equipment repairs or services (maintenance agreements, etc.)
 12. Books, periodicals, pamphlets, and memberships
 13. Advertising
 14. Conference registration fees and other training costs
 15. Janitorial services
 16. Consulting fees (not allowed for preparation of grants to the TDH). Requires prior approval from the TDH. May include cost of preparing HIV prevention grants from other sources. May include cost of technical assistance not provided by the TDH. Written justification must be submitted.
 17. Contracts for administrative services.

H. TOTAL DIRECT COSTS

(Total)

[Enter the total of A - G above]

I. INDIRECT COSTS

(Total)

[A copy of the current negotiated indirect cost rate must be attached, if applicable. If there is no negotiated rate, applicant may recover up to 10% of the direct salary and wage costs of providing the service, excluding overtime and fringe benefits, subject to adequate documentation of salary and wage costs.]

J. TOTAL BUDGET

(Total)

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